

Maine EMS Spine Protocol Quality Assurance Form

I. Date of patient encounter:_____ Time:_____

II. Hospital Destination:_____ State Run Report # _____

III. Service Name:_____ Service # _____

IV. Type of Incident (*check one*):

Water Diving Motor Vehicle Crash Pedestr/Bicycle vs Vehicle

Penetrating Trauma Blunt Trauma to Neck (other than Motor Vehicle Crash)

Fall from Standing Height Fall from Height Greater than 5 Feet

Other _____

V. Spine Protocol Action: Patient Immobilized (see Question VI.)

 Patient Not Immobilized

VI. Indications for Immobilization (*check all that apply*):

Patient Unreliable (Intoxicated, Altered LOC, Acute Stress)

Distracting Injury

Abnormal Sensory/Motor Exam

Spine Pain/Tenderness (indicate at least one
mark in columns A and B)

<u>A</u>	<u>B</u>
Cervical	Posterior
Thoracic	Lateral
Lumbar	Anterior

Please Fax this form and Run Sheet to:
(your Region name and fax # here)